



Identification Plat Application

Campbell County and Municipal Planning & Zoning Commission

1010 Monmouth Street

Newport, Kentucky 41071

Phone: (859) 292-3880

Fax: (859) 547-1868

www.campbellcountky.org

****ALL BLANKS MUST BE COMPLETELY FILLED OR
THE APPLICATION WILL NOT BE ACCEPTED****

Part A (To be completed by applicant)

1. Jurisdiction/Location:

- | | | |
|---|---|---|
| <input type="checkbox"/> Unincorporated Campbell County | <input type="checkbox"/> City of Melbourne | <input type="checkbox"/> City of Dayton |
| <input type="checkbox"/> City of Crestview | <input type="checkbox"/> City of Silver Grove | <input type="checkbox"/> City of Woodlawn |

2. Purpose of ID Plat:

- | | |
|--|---|
| <input type="checkbox"/> Land Addition | <input type="checkbox"/> Consolidation of Parcels |
|--|---|

☐ Land Division This (these) parcel(s) constitute the ☐ first and/or ☐ second division from the parent tract as it existed June 1966. *(The third or greater divisions require submission of a Preliminary Plat)*

3. Acreage of Parcels (Land Divisions only) Parcel A _____ Parcel B _____

4. Owner of Property _____

Address: _____

Phone Number _____ Fax Number _____

5. Grantee of Property _____

Address: _____

Phone Number _____ Fax Number _____

6. Surveyor _____ Phone _____

Address: _____

Phone Number _____ Fax Number _____

Email _____

7. Lot Number and Name of Subdivision (if part of a subdivision)

8. Parent tract Deed Book _____ Page No. _____ Group No. _____

9. I, or we, understand and agree that this application and drawing(s) are being filed in accordance with the Campbell County Subdivision Regulations and that all construction work will be performed in accordance with the Campbell County Subdivision Regulations.

Applicant's Signature _____ Date _____

Property Owner's Signature _____ Date _____

Part B (Requirements)

The subdivider shall submit to the Planning Commission's duly authorized representative:

1. **One (1) copy** of this Application.
2. Identification plat: **three (3) original copies signed and stamped by a Licensed Kentucky Professional Land Surveyor** at a size measuring 8½ "x 11" or 8½ "x14" (as required for recording with deed)
3. Closure Calculations: **two (2) copies** of the closure calculations in accordance with 201KAR 18.150.
4. Legal Description: **three (3) copies** of a metes and bounds description of the parcel(s) in accordance with 201 KAR 18.150.
5. Fees: \$ 200 per parcel. Only cash, checks or money orders shall be accepted; these shall be made payable to the Campbell County Planning and Zoning. **All fees are non-refundable.**

***** The identification plat and legal description shall include all the information required by latest version of 201KAR 18.150 (The Standards of Practice for Kentucky Professional Land Surveyors), Section 3.15 of the Subdivision Regulations (Identification Plat Requirements), and Appendix D of the Subdivision Regulations (Required Plat Statements). *****

Part C (Office Use Only)

Date Received _____

Total Fees _____

☐ Check no. _____ ☐ Cash